A SURVEY of cataract surgery prices and reimbursement rates offered by national social security systems reveal a wide disparity from one European country to another. However, the way national health systems are structured and administered in the various countries often makes it difficult to make meaningful comparisons, according to Serge Zaluski MD, who presented his findings in a keynote lecture at the XXII Congress of the ESCRS.

"Transparency is certainly a problem in some countries where it was hard to even get reliable data on the fees charged by surgeons as well as the reimbursement rates offered by respective social security systems," said Dr Zaluski, Centre d'ophtalmologie Espace Méditerranée Perpignan, France.

Dr Zaluski also noted the difficulty in establishing whether surgeons in some countries were paid by salary or according to each medical procedure carried out.

In Sweden, for example, Dr Zaluski said that there were some 70,000 cataract operations carried out in 2003, mostly in public health establishments. While the average price for such procedures was around €760, he said that he could not determine whether this fee included the remuneration for the surgeon or not.

Dr Zaluski said that while there was a wide variation for fees and reimbursement rates, there was one common factor uniting all of the countries surveyed: all of them had a substantial waiting list for treatment of cataracts on their national health services.

In Finland, for instance, there were some 17,000 people on the waiting list for cataract surgery (out of a population of five million inhabitants), with an average waiting time of between six months and one-and-a-half years for treatment. This perhaps explains the trend towards greater use of private practitioners in that country, with an estimated 20% of cataract operations carried out in private clinics for an average fee of around €1,500.

In Holland, Dr Zaluski said that an indication of the current situation could be gleaned from the fact that an internet site had been set up specifically to cater for patients on the national health waiting list. The site provided information on estimated waiting time for various regions, information about the surgical procedure and contact information for private clinics for those patients who preferred not to wait for treatment in a public hospital.

Dr Zaluski noted that while the Belgian health system was the one that most closely resembled the French system in terms of structure and administration, an important difference was that Belgian ophthalmologists working in the public health service were paid per medical procedure rather than by salary. The average price for cataract surgery is €385, reimbursable by the social security authorities, and there is also a non-reimbursable supplemental fee of €225 for phacoemulsification.

In Germany, almost half (45%) of cataract procedures are carried out in private clinics, a much higher percentage than most other European countries. Waiting lists also exist for treatment in public health establishments, noted Dr Zaluski. The fee structure is also very complicated for Germany, with the charge varying according to the respective health authority and health insurance firm involved in the specific region.

More worrying, however, Dr Zaluski said that the emphasis on keeping costs as low as possible had led to a decline in fees for German ophthalmologists and a corresponding drop in the range and quality of equipment and implants that can be proposed to patients. A similar situation had evolved in Italy, where some surgeons were complaining of not being able to choose the best implant or viscoelastic for their patients because of cost constraints.

serge.zaluski@wanadoo.fr